

07-25-01

A1 Reissue

JC970 U.S. PTO
07/24/01Please type a plus sign (+) inside this box →

PTO/SB/50 (08-00)

Approved for use through 12/30/2000, OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

| | | |
|--|--|-------------|
| Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231 | Attorney Docket No. | 961206 |
| | First Named Inventor | Outten |
| | Original Patent Number | 5,719,107 |
| | Original Patent Issue Date (Month/Day/Year) | 02/17/98 |
| | Express Mail Label No. | EL325202727 |

| | | | |
|--|--|--|---------------------------------------|
| APPLICATION FOR REISSUE OF: (Check applicable box) | <input checked="" type="checkbox"/> Utility Patent | <input type="checkbox"/> Design Patent | <input type="checkbox"/> Plant Patent |
|--|--|--|---------------------------------------|

| | | | |
|---|--|---|--|
| APPLICATION ELEMENTS (37 CFR 1.173) | | ACCOMPANYING APPLICATION PARTS | |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</p> <p>6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> </p> <p><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96)</p> | | <p>7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. Other:</p> | |

| | | | | | |
|--|--|-----------|---|----------|--------------|
| 15. CORRESPONDENCE ADDRESS | | | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small> | | | <input type="checkbox"/> Correspondence address below | | |
| Name | Jacob M. Levine | | | | |
| Address | Infineum USA L.P. 1900 East Linden Ave., P.O. Box 710 | | | | |
| City | Linden | State | NJ | Zip Code | 07036 |
| Country | USA | Telephone | 908-474-2418 | Fax | 908-474-2431 |

| | | | |
|-------------------|---|-----------------------------------|-----------|
| NAME (Print/Type) | Jacob M. Levine | Registration No. (Attorney/Agent) | 32,509 |
| Signature |  | | Date |
| | | | 7/24/2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

07/24/01
09/911879



07/24/01

PTO/SB/56 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

96L206

Claims as Filed - Part 1

| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|----------------------------|--|-------------------------------------|---------------------|--------------|-----|---------------------------|-------------|
| | | | | Rate | Fee | Rate | Fee |
| (A) 14 | Total Claims (37 CFR 1.16(j)) | (B) 14 | **** 0 = | x \$ ____ = | | or | x \$ ____ = |
| (C) 4 | Independent claims (37 CFR 1.16(l)) | (D) 4 | * 0 = | x \$ ____ = | | | x \$ ____ = |
| Basic Fee (37 CFR 1.16(h)) | | | | \$ 710 | | | \$ _____ |
| Total Filing Fee | | | | \$ 710 | | OR | \$ |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|--|--|-------|---|-----------------------------------|--------------|-----|---------------------------|-------------|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** 14 | MINUS | ** 14 | * = 0 | x \$ ____ = | 0 | x \$ ____ = | |
| Independent Claims (37 CFR 1.16(l)) | *** 4 | MINUS | **** 4 | = 0 | x \$ ____ = | 0 | | x \$ ____ = |
| Total Additional Fee | | | | \$ 0 | | | OR | \$ |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. 05-1710 in the amount of \$ 710.00. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.

A duplicate copy of this sheet is enclosed.

 A check in the amount of \$ _____ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

July 24, 2001
Date

Signature of Applicant, Attorney or Agent of Record

Jacob M. Levine

Typed or printed name